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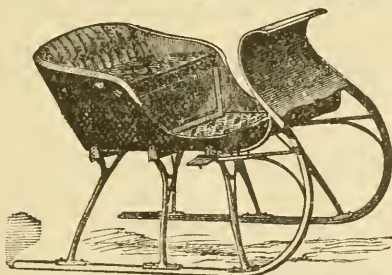
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VOL. XIX.—FEBRUARY, 1880.—No. 7.

ORIGINAL COMMUNICATIONS.

CACOËPY IN MEDICINE.*

BY J. W. KEENE, M. D.

It is a matter of daily observation that physicians differ widely in their opinions. Differences in regard to pathology, diagnosis, prognosis and treatment, are so common that the variance is voiced in the saying that Doctors seldom agree. This difference is well exemplified in the pronunciation of our medical nomenclature. It seems that whatever variance may exist in matters of judgment, the pronunciation of medical terms, which is comparatively fixed and definite, should present a nearly perfect uniformity. This uniformity, however, does not exist,—except that in many cases the pronunciation is uniformly bad.

That the pronunciation of common English words is often incorrect, even among the educated, is well-known. Nor is this always the result of ignorance as to the proper pronunciation. In this, as in other matters, bad habits contracted in youth, cling to us with deadly pertinacity. The knowledge may not be in fault; but the vocal apparatus, once accustomed to produce a given sound, returns to it with all the fatal facility of error.

*Read before the Buffalo Medical Club, Dec. 10th, 1879.

The proposition just now made, that the correct pronunciation of medical terms is comparatively fixed and definite may, perhaps, be questioned; and with some justice it is admitted. Even in regard to English words of common occurrence our authorities differ, and often permit a choice between two or more very different ways of pronouncing the same word. We will admit this as one cause of our faults in orthoëpy, so far as it holds good. Again, it may be objected that the Latin, from which our medical nomenclature is so largely recruited, is in a sort of transition state, hanging poised, like the coffin of the Moslem prophet, midway between the terra firma of substantial English, and the dreamy heaven of Continental principles of orthoëpy. And it may be well to add that this is also true of the Greek; since, with very few exceptions, words of Greek derivation reach us in the Latin form. This transition has given rise to a barbarous jargon, resulting from the mingling of the two systems, and may well be admitted as a second and important cause of our bad pronunciation. But these two causes are sufficient to explain the grievous faultiness of our pronunciation only in a measure. Errors arising from these causes are natural and excusable ones; but a large percentage of all our errors in orthoëpy are inexcusable and unnatural, and are to be explained only by the perversity of the human mind. This last cause is the dominant one, and to it may be attributed that vast aggregate of errors in pronunciation, to a few of which reference will be made in this paper.

We have all been taught in our youth that the branch of the science of language which treats of the correct pronunciation of words is called orthoëpy, from the Greek *orthos*, right or correct, and *epos*, a word. The improper pronunciation of words will, from a similar derivation, be properly called cacoëpy, from *kakos*, bad or incorrect, and *epos*, a word. And lest the very title of our paper be made an example of that which it purposes to deprecate and correct, let it suffice to say that the accent falls on the first syllable *ca'coëpy*, analogous to *or'thoëpy*.

But some who insist on saying ortho'epy, or ortho-ē'py—and their name is legion—will undoubtedly call our title caco'epy or caco-ē'py in spite of the caution. "Such is human perversity." If the term be sought for in the dictionaries of the present, the search will be in vain; but unless we reform our pronunciation of medical nomenclature, cacoëpy will be an imperative necessity in the bright lexicon of the future.

Cacoëpy, then, is our theme. It is entirely foreign to our present purpose to discuss the propriety of employing the Continental method of pronunciation in our nomenclature, or to criticise those who employ it. So many of our physicians acquire their profession in the Continental schools of medicine, or at least add to their professional knowledge by studying there, that it is not practicable nor desirable to hold them amenable to English rules of orthoëpy. It would certainly be just and reasonable to expect of them a proximate uniformity, and a pronunciation of all words strictly and essentially Latin according to Continental methods. But even this we will not insist upon. So far as it is a question of English or Continental methods we will only ask that but one system be employed in the same word. And numerous examples may be noticed hereafter of a commingling of both in a single word. The aim is not to excite opposition, but to invite attention to that which is so outrageously bad that all will agree to the propriety of correcting it. The question then of the proper pronunciation of -itis as a terminal indicative of inflammation will not be discussed, except where the pronunciation of the remainder of the word is inconsistent. The word which our English dictionaries agree in pronouncing bronchī'tis* may with perfect propriety as a Latin word be called bronchĩ'tis; but it is highly inconsistent to pronounce meningĩ'tis, vaginĩ'tis, laryngĩ'tis, &c., meningĩ'tis, vaginĩ'tis, or laryngĩ'tis. If the termination is pronounced -itis, according to the Continental system, the balance

*Fāte, fāt, fāther—mēte, mēt—pīne, pīn, marīne—tōne, ōn. Observe the accent marks.

of the word should conform to that system, and the pronunciation becomes mā-nin-gī'tis, wā-gin-ī'tis and lar-yn-gī-tis, the g being hard as it always is in the Continental system. Thus consistency is not offended.

But a large number of physicians—it is safe to say the majority—do not consider that they are using the Continental method of pronouncing Latin when they say -itis, and are oblivious to the fact that they are employing Latin at all, save in form and derivation. They consider the words as English, and amenable to English rules of orthoëpy. Indeed, this outrage on a respectable language (and it is often doubtful whether it is the Latin or English that suffers) was habitually practiced by doctors long before the Continental method of pronouncing Latin was employed in a single public school or college in our land. But enough of this. Hundreds of examples like those cited above could readily be given, and many no doubt have already occurred to you; but time and disposition alike are wanting to present others. -Itis, or itis, it is all the same;—only let us strive to be consistent in this as in all things.

Now let us turn our attention to cases where this plea of Continental method will not excuse mistakes. The examples are so numerous that one scarcely knows what to select from such an “embarras de richesse.” Prīmip'ara, multip'ara, plurip'ara we have often heard called prīmipār'a, multipār'a, pluripār'a, even by those whose hands, wonderfully endowed with the “tactus eruditus,” have conferred upon the fair candidates the initial honor of maternity—the “first degree,” that of primip'ara and often, too, the “higher degrees” of multip'ara, or plurip'ara. Impeti'go, pruri'go, porri'go, &c., are wrested to impet'igo, pru'rigo and por'rigo. Verti'go as a Latin word follows the same analogy, but is Anglicised as ver'tigo or verti'go. Gynecology (jin) is often pronounced with the initial g hard, probably to indicate a knowledge of its derivation from the Greek word, *gunce*, a woman, and *logos*, a treatise; but the same rule applies to both g's; if one is hard the other should be, if either is soft both are so.

The word so often called asthe'nia, is properly astheni'a, both as an English and as a Latin word. A number of analogous words ending in -ia have the i long and accented, being derived from the Greek diphthong *ei*. Such are synechi'a, exangi'a, neurastheni'a, eustheni'a, enteropathi'a, energi'a. And, to prevent misunderstanding, it may be well to say that with the exception of these few words here cited to show analogy, every error mentioned in this paper has been heard by the writer, and many of them no doubt have been committed by him as well as by others. Rosē'ola, rubē'ola, arē'olar, alvē'olar, &c., smite the ear as roseō'la, rubeō'la, areō'lar, alveō'lar. Febric'ula becomes febricu'la; epu'lis, e'pulis; horde'olum, hordeo'lum. It may be claimed, and with some justice, that it makes little difference what the disease, or the drug exhibited, is called, if only the patient is cured. Certainly an en'ema will provoke stools equally copious if miscalled an enē'mia; the umbil'icus is no more likely to become the seat of hernia for being mispronounced umbil'icus; diabetes mellī'tus will no doubt exhibit sugar in the urine just as certainly if called mel'litus; albu'men will be found in the urine of Bright's disease neither more nor less if it is called al'bumen; the abdo'men does not retract if called ab'domen; the massē'ter muscles do not refuse to masticate our food when called mas'seter; nor does the grim cadā'ver rise up in wrath to resent the ignominious title of cadāv'er. What difference then does the mere matter of pronunciation make? Certainly it serves to distinguish the learned from the unlettered, the educated man from the clown. When we hear the uneducated complain of "rheumatiz," "noorolergy" or "janders;" of "a catarrhical condition of the head," of "diarrhee," "dyspepshy" or "ulsters on the legs," it excites no astonishment; at most it provokes a smile and argues them unlearned. But greater accuracy is reasonably expected of members of a learned profession. A distinguished professor may use "labium majorum," instead of labium majus, as the singular number of labia majora, and yet not excite those sensitive parts; or speak of the

"cachexia" (ch as in chair) which renders the patient liable to a given affection, and not bring on the disease. A physician may recommend that the man dying of suspected violence should make an "anti-mortem" statement with strong probability that whatever statement the man may make, he would gladly make to that effect, and yet the grim Knight of the scythe may not be provoked to unseemly haste in claiming his victim. Another may speak of micrococci and echinococci (-coc'sī) as "micro-cock-eye" and "echino-cock-eye," and these tiny forms of life will not resent the implied imperfection of their ocular apparatus.

He may even call the father of medicine "Hip-po-crâtes"—in three syllables, ignoring the e—and give no offense to us his unworthy children, whose regard for the paternal ancestor of our art may have become a trifle dulled by the lapse of years since the time when that venerable gentleman purged the ancient Greeks, and delivered their wives of babes destined to make the Grecian name and race illustrious through all time.

There is little doubt that ec'zema tests the skill of the dermatologist, quite as much when called eczē'ma; and he is entitled to equal credit for curing it under either name. Synechī'a taxes the resources of the oculist no less than when called synē'chia; nor is tinnī'tus aurium a more suggestive symptom to the aurist, or less annoying to the patient than when spoken of as tin'nitus aurium. Still if these diseases are ever cured it is because they are treated better than they are pronounced. Finally, a cicā'trix contracts as surely as a cicāt'rix; hamā'melis is just as inert as hamamē'lis; and verā'trum is no more active than verā'trum, or verāt'rum.

Let us glance for a moment at our drugs, and see what a woful medley their pronunciation presents. Quīnīne' for example—a most valuable drug in its place—has not only suffered abuse in its administration, being prescribed to-day by intelligent physicians to fulfil every possible and impossible indication in almost every disease that human flesh is heir to, but insult has been added to injury by "calling it names." Webster will have

us call it *quīn-īne'* or *quī'nīne*; Worcester generously allows a choice of accent *quīn-īne'* or *quīn'īne*. Both agree on *quīn-īne'*, surely sufficient authority to establish a pronunciation. It would seem that these three authorized pronunciations might give sufficient latitude for choice even to the most fastidious. But beside these we hear of "*quī-nīne'*," "*quīn'īne*," "*quīn-īne'*," "*quī'nīne*," and "*kīneen*," and so on, to the verge of the impossible, and even beyond.

Our druggists have much to answer for in many ways; and in this matter of *cacoëpy* they stand preëminent as the champion *cacoëpists*. But while they fill our prescriptions with absolute accuracy, giving us what the prescription calls for—no more and no less—with drugs of good quality, we will overlook the stupendous perversity of the craft in calling gum *tragacanth*, gum "*trajacanth*," contrary to every principle of pronunciation in any tongue. We will ignore such mongrel terms as "*liquor (licker) ammoniæ acetā'tis*," and be silent when they speak of "*podophylline*," and "*copee'ba*." When they sell us "*verā'trum vī'ride*," we will not insist on either the English *verā'trum viride*, or the Continental *wā-rā'troom wee'ree-dā*, so long as the article is satisfactory in its action, but will allow them the privilege of mixing the two systems as they mix their drugs.

Nor would it be necessary to insist that every physician should pronounce *bubonocèle*, *cystocèle* and *hematocèle*, *bubon-ocē'le*, *cystocē'le*, *hematocē'le* with the added syllable as the Latin requires. They are Latin words to be sure, and no such English words are recognized by our lexicographers. Yet we have *bronchocele*, *hydrocele* and *varicocele* Anglicised, and may take the liberty of following analogy. Nor will we insist on *pletho'ra* or *trache'a*, as the Latin demands, since both are Anglicised—*pleth'ora* or *pletho'ra*, *tra'chea* or *trache'a*. We would not have our physicians become pedantic in this or in any direction; but there is ample room for reform far removed from suspicion of pedantry.

There now remains a large number of words essentially English in form, whose pronunciation is often incorrect. A few of

these—and only such as are common medical terms—are added. The first pronunciation given being the correct one, the second the common error:

apparā'tus	apparā'tus	gā'seous (gaz)	gās'eous (gas)
cer'vical	cervi'cal	lethar'gic	leth'argic
adult'	ad'ult	sin'ew (you)	sin'ew(sin'oo)
af'ferent	affer'ent	hŷ'datid or	hydāt'id.
allop'athy	allopath'y	hŷd'atid	
cav'ernous	cavern'ous	mōl'ecule	mō'leculē
edēm'atous	edē'matous	im'potent	impot'ent
pari'etal	pariē'tal	ephēm'eral	ephē'meral
afflā'tus	afflā'tus	calor'ic	cāl'oric
canine'	cā'nine	obēs'ity	obē'sity
dys'entery(dis-)	dys'entery	erysip'elas	erysip'elas(ir)
	(diz)	ener'vate	en'ervate
cōch'ineal	cō'chineal	mēd'ullary	medul'lary
salīne'	salīne'	diphthē'ria(dif)	diphthēria
aryt'enoid	aryten'oid		(dip)
fē'brile or fēb'rile	fē'brile	syrup(sī'rup)	syr'up(sir'rup)
sē'nile	sēn'ile	jāl'ap	jal'ap (jol)
accli'mate	ac'climate	morph'ine	morph-ine'
flac'cid (flack'sid)	flaccid	i'odine	i'odine
	(flas'sid)	brō'mide	brō'mide
mēt'ric	mē'tric	ox'ide	ox'ide,

and a large number of words, chiefly chemical terms, ending in -ine and -ide, in most of which the i is short, but may be long in some out of deference to long established custom. There is no authority for -ine.

Now is it not unworthy of men who are in some sense teachers of mankind, to be thus negligent and indifferent in regard to the pronunciation of the technology of their profession? It may be said that this is a trifle. The story is told of Michael Angelo that a friend visited him when he was finishing a statue. Some time after he came again and found the sculptor still at the work. Reproached for his apparent idleness the sculptor

exclaimed, "Not so, I have retouched this part and polished that; softened this feature and brought out that muscle. I have given this lip more expression, and that limb more energy." "Well, these are but trifles after all," said the friend. "Possibly," replied Angelo, "but remember that trifles make perfection, and perfection is no trifle."

But this is no trifle! As a profession we depart widely from rules of orthoëpy in our nomenclature; and for an educated man, a member of a learned profession, to make the blunders we have pointed out, is infinitely worse than for the uneducated to say "noorolergy," "rheumatiz," or "diarrhee." The fact is, our teachers in medical colleges are in a great measure responsible. We take our pronunciation from them unquestioningly, as we too often receive their other teachings. The remedy is evident. Care on the part of instructors to teach nothing wrong, even in pronunciation, and a spirit of investigation in the student, which will lead him to accept nothing merely because his professor tells him so, but to look into all matters for himself, and follow none but reliable and established authorities.

PROLAPSUS OF THE OVARIES.*

BY DARWIN COLVIN, M. D., OF CLYDE, N. Y.

THE following case came under my notice on the 8th of July last, and has been attended with much professional interest. Mrs. B., a widow, aged 29 years, while walking in the street, was suddenly seized with excruciating pain.

When I saw her she referred her suffering to the inguinal region and the anterior aspect of the thigh, in the track of the anterior crural nerve, and attended by a sense of fainting. She was pale, with a feeble and preternaturally slow pulse. In obtaining a history of her complaints, I learned that for two years past she had at times, more or less pain attending locomotion. At other times, when her bowels were unusually constipated,

* Read before the Central New York Medical Association.

she would have a throbbing sensation, sometimes amounting to severe pain during defecation. At another time, the pain would shoot out from the groin in various directions. Accompanying the symptoms was great depression of spirits, allied to hypochondria.

She had been married three years, yet never pregnant, the above symptoms supervening upon her married life. She suffered also from dysmenorrhœa, her menstrual periods lasting about a week. Upon examination I found the uterus much displaced downwards; to the left of the cervix my finger came in contact with a small tumor, exceedingly tender, and when pressed upon, exquisitely painful. In more fully examining the tumor, it immediately slipped from under the finger, when the patient shrieked. I could not distinctly outline the other ovary, it not having, as Prof. Goodell so intelligently describes it, yet been "pinched."

Although I had been treating her for symptoms simulating uterine neuralgia, yet her complaints were never of that character which seemed imperatively to demand a vaginal examination. Perhaps I came too readily to that conclusion; yet, when from necessity, symptoms referable to the sexual organs were spoken of, an excessive modesty and shyness on her part seemed to repel any earnest effort in that direction. Without a complete evacuation of the rectum once in twenty-four hours, she would, after from thirty to thirty-six hours, begin to complain of severe neuralgic pain in the groin and down the genito-crural nerve. Still, there had never been any complaint of pain in locomotion, nor sudden seizures of the same.

As to the causes of the displacements of these organs and the treatment, I can offer nothing original with myself, and, with one or two exceptions, I can find but little literature on the subject. Lawson Tait says, "the ovaries are liable to certain displacements which may give rise to many disagreeable symptoms without any actual disease of the glands. Thus one or both ovaries may, by a relaxation of their peritoneal investments,

drop into the retro-uterine cul-de-sac, and there be a source of great trouble.

This will be especially the case, if, at the same time, there is retroflexion or retroversion of the uterus, for I have known such a displacement of an ovary utterly to prevent the application of an apparatus for the replacement of the uterus, and cause so much suffering as almost to make us discuss the question of ovariectomy.

In such displacements, pressure on the gland gives rise to the same sickness and faintness as pressure on the testicle produces in the male, and the passage of a hard motion will give rise sometimes to most alarming symptoms.

He says nothing further relative to the form of displacement under consideration.

It seems to have been left for Prof. Goodell, in a clinical lecture, to place the profession under lasting obligations so far as the etiology and treatment of this unique displacement is concerned.

He says, "any cause tending to a lasting congestion of the reproductive apparatus, is very likely to lead to a prolapse of the ovaries. A torn cervix, an arrest of involution after labor, any backward displacement of the womb, you may find it in barren women. The reason is this: In sterile women the lack of pregnancy and suckling prevents that much needed break in the constantly recurring catamenia, and the physiological congestions of the womb augmented by the sexual congestions, are, by ceaseless repetition, liable to become pathological."

Perverted sexual relations, and perverted sexual excitations, are by no means rare causes of this trouble.

For instance, I have repeatedly discovered the ovaries low down in women who were shirking maternity.

Here an over-stimulation of the whole reproductive apparatus is kept up both by the enforced sterility, and by some of the preventive measures employed, which awaken the sexual instinct without appeasing it. So repeated erectility from self-

abuse, by ending in a passive congestion of the womb and of the ovaries, tends to these dislocations.

I have seen several cases of prolapse of the ovaries from this cause.

It is unnecessary to further enlarge upon the causes of this difficulty.

Undoubtedly the usual symptoms of this displacement are, first: Pain in locomotion, as the ovary now lies between the womb and the sacrum, it gets pinched between them at every step.

Second: A throbbing pain while the rectum is loaded, increased during the act of defecation.

Third: Paroxysms of pain shooting out from the groin.

Fourth: Mental despondency.

Prof. Goodell gives another symptom attending the dislocation, to wit: painful coition.

The indications for treatment would seem to be whatever will have a tendency to lessen the engorgement of the reproductive organs.

The treatment recommended by him is brom. potassium grs. xxx. tinct. digitalis gtt. x. three times a day in a table-spoonful of the comp. infusion of gentian; after two weeks, alternatives as the corros. chlo. of mercury, are usually necessary.

One of the most, if not the most important agent for the purpose of keeping up the ovaries, and one which I made use of in this case, is the knee-breast posture devised by Dr. Campbell of Georgia. As Prof. Goodell recommends it to be more thoroughly carried out than I did (not having then seen his paper), I will give his instructions verbatim:

"Two or three times a day, or more frequently, if needful, the patient should unhook her dress, loosen her under-clothing and kneel on her bed. Her body is then bent forward until the breast is brought down to the surface of the bed, while her head is turned to one side and supported in the palm of her left hand. Her knees should be about ten inches apart, and the thighs perpendicular to the bed.

"If she now refrains from straining, and breathes naturally, a reversal of gravity will be established.

"With the fingers of her free hand, she will next open her vulva. Air will rush in, and the abdomen and its contents will at once sag down. This will, of course, draw up the womb and the displaced ovaries out of the pelvic canal. As it is rather awkward for a woman, while in this posture, to free one hand and reach the vulva, Dr. Campbell advises that, previously to taking this attitude, she should insert into the vagina a small glass tube, open at both ends, and long enough to project externally. This will leave an air-way and dispense with the use of the fingers. A good substitute will be found in the empty barrel of the old-fashioned cylindrical "female syringe," as it is called.

"After staying in this posture for a few minutes, the woman will remove the tube, and slowly turn over on her side, where she will lie as long as she can. Such constant replacements are of great service, for they lessen the throbbing; they give the limp ligaments a chance of shrinking, and they teach the ovaries good habits of staying at home."

The course pursued with my patient was, with perhaps the exception of the knee-breast position, one which would readily suggest itself to any practitioner, varying the specific agents as circumstances might seem to require. I only directed the knee-breast posture to be observed once daily, and that upon retiring, with directions that she occupy, at *all times*, a bed, the foot of which should be elevated eight inches; also, that she observe the recumbent position as much as was convenient. I am now well convinced that had I required the observance of the knee-breast position twice or thrice daily, my case would have improved more rapidly, as her condition was approaching anæmia.

As it was, her general health was materially tonified, and the position of the misplaced ovary was very much improved on the 20th of August, when she was about to make a necessary though temporary change of residence.

"TONIC TREATMENT" OF SYPHILIS.*

BY P. W. VAN PEYMA, M. D.

THE purpose of this paper is to direct attention to the so-called "Tonic Treatment of Syphilis," as advanced more particularly by Keyes, of New York, which, since the time of its introduction to the general notice of the profession, has received the approval of many medical men of high standing. It is not, therefore, my intention to review the history of the treatment of syphilis. This has undergone many radical changes since the time that this disease first attracted general attention, some centuries ago. The pendulum has swung from one extreme to the other, and back again a number of times; especially is this true in regard to the employment of mercury as a curative agent—many times denounced as entirely wanting in usefulness and even as terrible in its evil effects, and again extolled as a specific as valuable as it is harmless. I shall confine myself to a review of the points brought forward by Keyes, in a little work entitled "The Tonic Treatment of Syphilis."

Keyes in this preface of the work introduces the subject as follows :

"My studies in syphilitic blood have yielded results at once so gratifying to me, and so convincing as to the tonic influence of minute doses of mercury, that I feel impelled to lay this brief treatise before the medical public in support of a continuous treatment of syphilis by small (tonic) doses of mercury." Then again in the first chapter he says, "a rational treatment of syphilis must rest upon a surer foundation than the mere statement of its value made by him who employs it. Such a statement has been made again and again, by different people employing the most varied means against the same evil, and, with apparent justification, for it is well known that a majority of the most visible lesions of syphilis (the contaneous efflorescences) tend to subside spontaneously, and thus, as Fournier happily expressed it, "to afford a triumph to every mode of treatment."

* Read before the Buffalo Medical Club, Sept. 3d, 1879.

After reviewing the various modes of treatment, he proceeds to the subject proper—the treatment of syphilis by small doses of mercury long continued. After quoting a number of authorities tending to show that mercury has frequently been considered a tonic in the treatment of chronic diseases generally, he adduces his principal proof of its tonic effect by what is really to be considered as a scientific demonstration. As a result of numerous microscopical examinations of blood, syphilitic and healthy, and as modified by the taking of mercury in large and small doses, Keyes and a number of others have proved that, first, syphilitic blood contains far less red blood corpuscles than healthy blood; second, that small doses, say one or two centigrammes of the protoiodide thrice daily, increase the amount when the number is abnormally diminished as a result of the syphilitic poison or otherwise; and thirdly, that large doses have the opposite effect, diminishing the number materially. These facts he determines by means of a hemati-metre, which is simply an arrangement for dividing the field of the microscope into numerous small spaces, thus facilitating the counting of the blood corpuscles. The blood is diluted according to a definite proportion. This is done by means of a fluid obtained from human urine, prepared as follows: “Take of urine, neutral or slightly alkaline, sp. gr. 1020, a sufficient quantity, filtered, add gr. v of cor. sub. in powder for each ounce of urine.

“This will throw down dense clouds of amorphous urates, so fine that ordinary filter paper will not remove them. After standing, the urates deposit, and the clear fluid above may be easily decanted. Reduce with water sp. gr. 1020. The result is a limpid sparkling acid fluid which remains clear, no matter how often contaminated with the pipette, and does not seem to allow the growth of any form of vegetation. It makes a perfect mixture with blood.” (See page 24 and 25).

The plan of treatment is then to commence with a small dose, say one centigramme, three times a day, continue this three days,

then increase one centigramme, given two or three times daily for about the same length of time. This rate of increase is continued until its effect on the gums begins to show itself; we have then reached the full dose, so called, which varies considerably in different persons. Half of this dose, called the tonic dose, is then given for a period of three years. The most convenient mode of administration is by means of centigramme granules, taking one, two or three, or more, as the case may be. During the course of treatment should there be an outbreak of symptoms, it is advised, either to increase at once to the full dose, or what is probably preferable, supplement the tonic dose with inunctions or fumigations. As to the period of commencing treatment it is recommended to begin as soon as the diagnosis is positively established. This may not be perhaps until the rash or sore throat has manifested itself. That the diagnosis should be thus positively established is evident, as otherwise the patient might for the rest of his life-time be the subject of well grounded doubt and fear—a most unpleasant mental condition.

Under this treatment it is claimed that patients, with rare exceptions, will enjoy their usual health, and in some instances, profess to unusual freedom from aches and pains, and other morbid symptoms. The blood corpuscles increase in number rapidly, the previous pallor gives way to a healthy color, and life looks bright once more.

Under this treatment Dr. Keyes has failed to see any returning manifestations of disease in patients after ten years of uninterrupted health. These have married and have had healthy children to all appearances. This is the only medical treatment recommended, except that in certain cases a short course of iodide of potass. may sometimes be advisable. I may say here that during the last year I have treated half a dozen cases according to this plan and am very much pleased with the result. In two instances the patients have as yet had no secondary symptoms, with the exception of a very slight sore throat, and this after

more than eight times the usual period of incubation has gone by. They apparently enjoy perfect health. In the other instances the symptoms rapidly disappeared and there has been no return ; on the contrary, the patients appear strong and well.

In the *Maryland Medical Journal* for July, the leading article is one upon some observations on the treatment of syphilis, by J. Shelton Hill, M. D., read before the Baltimore Medical Association, in March, 1879. As a historical review of the past treatment of this disease, it is quite exhaustive, but it was written principally with a view to giving the author's opinion and conclusions regarding this particular plan of treatment.

His conclusions, based upon a considerable number of cases extending over years, is confirmatory of Dr. Keyes' observations.

His microscopical examinations of blood likewise agree with and confirm those of Dr. Keyes. If the conclusions arrived at by these observers became established we shall have additional testimony of the value of scientific experimentation in general and microscopical observation in particular.

In conclusion I wish to urge a fair trial of this method of treatment. If, as Dr. Keyes and others believe, that, by the long continued use of small doses of the protoiodide of mercury a complete eradication of the syphilitic poison may be effected, it is very important that the fact be generally known and acted upon. The method is simple, and judging from existing evidence, it promises much.

CLINICAL REPORTS.

GONORRHOËAL CONJUNCTIVITIS — RUPTURE OF CORNEA IN ONE EYE—USE OF TRANSPARENT SHIELD.

BY LUCIEN HOWE, M. D.

INFECTION of the conjunctiva from gonorrhœal virus is of such frequent occurrence, that any general remarks concerning the disease are necessarily trite and unimportant. In a certain case,

however, I have had occasion to make two observations which appear worthy of record, and in order to present these points clearly, it seems well to sketch the outline of the clinical history.

William H., a baker, 19 years old, came to me November 4, 1875, suffering from a severe conjunctivitis of the right eye. He frankly acknowledged the cause of contagion, and stated that his attention was first called to the difficulty in the eye about one week previously.

On examination the lids were found to be œdematous, and swollen to such a degree that no effort on his part would cause them to separate, while a copious discharge of thick and creamy pus continually oozed from between them. On forcibly opening the eye, the conjunctiva was seen to be intensely injected, and so infiltrated that the dull cornea appeared as if half buried. An opaque line extended across that portion, being particularly white and thick at one point, and obstructing the view of the structures beneath. Pain was constant and severe, and vision was already reduced to imperfect perception of light.

With such a condition of affairs, the loss of this eye, either wholly or in part, seemed inevitable, and special precautions were therefore directed to the other, in order, if possible, to protect it from the further contagion which so often results.

For this purpose a shield was fitted to the left, which not only prevented the access to it, of poison from the other side, but at the same time allowed it to be useful for seeing and to be under constant observation. This form of protective bandage was constructed as follows: A thin and clear piece of mica (such as can be found in any hardware store) was cut into a small parallelogram measuring about an inch and a half long by an inch wide. A strip of adhesive plaster was glued to each side of this central transparent window and by then properly bending these, adjusting the ends, and shaping the edges to the brow, cheek and nose, the whole was firmly attached to the parts surrounding the sound eye. Moreover, to guard against any possible openings, the edges and outside of the plaster, especially, where

adherent to the skin, were thickly coated with collodion. For reasons which will be mentioned, it was necessary to replace this shield by a similar one several times in the course of treatment, but it will readily be seen that complete and convenient protection was thus afforded to the endangered organ.

The other point in this case which seemed worthy to be noted was the manner of perforation of the corneal ulcer—a process which frequently occurs, but which can seldom be observed. The formation of such an ulcer was apparent from the opacity in the cornea seen at the first examination, and this rapidly increased in size and depth. A strong solution of atropia was of course used frequently, and other attempts made to lessen the corneal inflammation. The conjunctiva was cleansed as frequently and thoroughly as possible, a mild astringent applied occasionally, and once a day a solution of silver nitrate, ten grains to the ounce, was carefully brushed over the inner surface of the lids, being neutralized immediately with salt water.

It was after such an application as this that perforation of the cornea occurred. Special pains had been taken to have the silver solution touch only the inflamed conjunctiva, but a few minutes afterward, when the patient attempted to look upward, suddenly a jet of aqueous humor spurted through the cornea, several inches in front of the face, and great pain was felt in the top and back part of the head.

On examining the eye, the anterior chamber was found to be empty, with iris and lens closely pressed against the cornea; subsequently an extensive leucoma was formed, with the iris adherent to it, a condition which rendered the eye practically useless, although its natural form was retained.

Such are the facts pertaining to these two phases of the case. Let us now consider their practical bearings a little more in detail.

First, as to the protective bandage. That some such precaution is necessary, there seems to be but little doubt among writers, or in the minds of those who have been unfortunate enough to treat many cases of this kind.

Snellen proposed several years ago, that the eye still remaining unaffected, should be covered with a glass coating, but the form here mentioned, seems to be much more simple and convenient than that, and quite as effective as the one described by Graefe or any other.

It is true the frequent bathing of the diseased eye will loosen the adhesive plaster about the nose, and tend to give entrance to the virus unless occasionally renewed.

Moreover, moisture will condense on the inner surface of the mica, not only obscuring the vision in part, but producing a slight degree of conjunctivitis. But these objections are of slight importance compared with the gain, and on the whole this form of the protective bandage would seem to be readily applicable to a large class of cases.

Again, as to the manner and cause of the perforating ulcer. In Zehender's *Augenheilkunde* (page 189), a case is mentioned in which the same accident occurred quite as suddenly as in the one cited. In that instance he thinks the perforation was produced by forcible contraction of the ocular muscles. It is possible that the same result was due to the same cause in the case which I saw, particularly as the patient was just then making an attempt to look upwards. It is but fair to think, however, that the unfortunate result was at least hastened by the use of the strong solution of silver nitrate.

The fact that such a caustic agent acting on the thin base of the ulcer would be apt to attenuate it still more, the fact that the contact of the solution with the ulcer might happen in spite of the greatest care, and the occurrence of the perforation immediately after the application, all tend to the inference that such might be the possible cause. The use of caustics or even astringents, is of course not indicated at certain stages of a conjunctivitis with a corneal ulcer as a complication, but in such a case, and applied in the manner indicated, there appears to be a large balance of opinion in its favor. I am inclined to think, however, that under circumstances of this sort, strong solutions

of any caustic should be used with much caution, if at all, and certainly not until the more acute symptoms have subsided.

FIBRO-CYSTIC UTERINE TUMOR; REMOVAL OF
TUMOR AND UTERUS. — BY PROF. JAMES P.
WHITE, M. D.

REPORTED BY WILLIAM D. GRANGER, M. D.

Mrs. B., forty-five years old, was in rather feeble health; the tumor had a known history of about a year, and well filled the abdomen, the parietes being tightly stretched over the tumor. It was fluctuating and dull on percussion over the front surface, but tympanitic over the sides. The operation was performed October 6th, 1879. When placed upon the operating table, none of the physicians present doubted the existence of a cystic ovarian tumor. The usual exploratory incision was made, and the tumor exposed. Doubts now arising as to the character of the tumor, a trocar was introduced; no fluid except blood escaped. The trocar being withdrawn, a rapid hemorrhage followed, which was controlled by digital pressure on the wound; the incision was enlarged from the symphysis to above the umbilicus; the tumor was adherent by its upper and right sides; these adhesions were broken down by the operator and his assistant. At one time, when three hands were between the tumor, and the diaphragm, breaking down adhesions, respiration suddenly ceased for half a minute or more; when their hands were removed, respiration was assumed; the heart, however, continued regularly to pulsate; the tumor was covered by a growth of the peritoneal tissue of the uterus, which was opened, and the tumor easily stripped from its covering. It was found to be attached, without a pedicle, to the posterior surface of the uterus. It was removed from its attachment by enucleation. A profuse hemorrhage followed, which was stopped by compressing the abdominal aorta; the hemorrhage coming from the torn sur-

face as from a sponge, and not from any vessels which could be ligated, it was necessary to remove the uterus. Strong ligatures were applied around the cervix, and the uterus removed by the knife. With the uterus, was removed of course the ovaries and the serous sack of the tumor. The wound was closed by deep stitches, and a drainage tube inserted. With and following the last hemorrhage the pulse rose to 160-170, and was weak and fluttering. Subcutaneous injections of ℥ii of whiskey, and ℥i of ether in mx. xv doses, noticeably reduced and strengthened the pulse. The patient did not rally well after the operation. The stomach retained all food and medicine given, and there was never the slightest nausea, although so large a quantity of ether was administered. Whiskey, milk punch and beef tea were freely given; every four hours whiskey ℥ii , beef tea ℥ii , quinine gr. v were given by the rectum. At 4 P. M. the pulse was 130, temperature $98\frac{1}{2}$; the day following the operation at 9 A. M., pulse 150, temperature $98\frac{1}{2}$; during the day the pulse rose until it could not be counted, and the patient died thirty-two hours after the operation. This case is interesting, because illustrating a case of abdominal tumor, when the error of diagnosis could not have been foreseen. The removal of the tumor was justifiable, after its nature was known, because of its rapid growth and the correspondent failure of the health, so that the patient said her life was a burden to her. Death in this case is clearly to be attributed to that much abused cause, shock. It plainly was not due to inflammation, or any of the secondary results of inflammation.

Hemorrhage, which was perhaps an assisting element, was a minor one. Although a large quantity of alcohol was given—perhaps by rectum and stomach as much or more than ℥xvi —it had almost no effect upon the pulse, or to rally the patient. And, although the patient was a weak woman and unaccustomed to stimulants, her mind, which was remarkably clear until her death, was unaffected by this large amount. It is an interesting question; what became of it? what force did it exert in the

economy? The tumor weighed eighteen pounds. After removal it still gave distinctly a sense of fluctuation, and was of a jelly-like consistency. It was fibro-cystic in structure. The cysts were from a very small size to that of an egg; in places the tumor was honey-combed with small cysts.

STRICTURA RECTI. LINEAR RECTOTOMY—CURE.

REPORTED BY HERMAN MYNTER, M. D.

MRS. S., forty years of age, consulted me in December, 1877. In 1871 she experienced difficulty in defecation; two years after a swelling, accompanied with great pain, came around the anus, resulting in suppuration and the formation of several fistulas, which have since continually kept open, other fistulas occasionally forming. The impediment to defecation increased steadily, and for four years an evacuation of the rectum has taken place only by the use of cathartics; at times complete occlusion would occur with great meteorismus, pain and vomiting, lasting for several days. Gradual dilatation with bougies has been resorted to, but with only temporary relief; no symptoms of syphilis were apparent; healthy children were borne; the husband had venereal disease which yielded to potass. iodid.

On examination the anus was almost encircled with fistulas, the skin and subcutaneous textures indurated; three-fourths of an inch above the anus, almost a perfect diaphragm of the rectum was discovered, with a small opening anteriorly near the vagina, through which a bougie, 26 millimetres in circumference, could be introduced; the stricture was hard as cartilage. A sound introduced through the fistula was felt under the mucous membrane, until it disappeared behind the stricture. The general health from constant anxiety, the frequently recurring rectal occlusions, and the strict dietary observed to avoid evacuation of the bowels, had become very much impaired.

Through the application of electrolysis for a period of three weeks, a knob 36 millimetres in circumference was passed with considerable ease through the stricture, the negative pole, a metallic electrode, being introduced into the stricture while the positive pole with a moistened sponge was applied to the sacrum; a current from ten or fifteen cells was used; the applications were so painful that at the end of the third week the treatment was omitted, although it had so far dilated the stricture that defecation was accomplished with greater ease and facility; large doses of potass. iodid were used.

In January, 1879, the patient consulted me again; her previous symptoms had returned with all their severity, and she expressed a willingness to submit to any operation to gain relief; the stricture had contracted so that a bougie of 18 millimetres in circumference only could be introduced; new fistulas had formed; increased amaciation was observed.

January 11, 1879. Operation under chloroform; Drs. Gay and Lothrop assisting. The sphincter ani was divided by means of a galvano-cautery battery, the loop being introduced through one of the fistulas and brought out through the anus. The index finger and several uterine dilators failed to dilate the stricture. Every attempt to carry the wire above the stricture—through the fistula—was unsuccessful; the stricture was at length incised with herniotome, and all the contracted tissues freely cut through until two fingers could be easily passed; the mucous membrane above the stricture was ulcerated. A plug saturated with carbolic acid and sweet oil (1 to 10) was applied, and the rectum syringed out with carbolized water; anodynes prescribed to relieve pain. Convalescence was rapid, the parts healing rapidly and in three weeks the patient was discharged; considerable power had been regained on the sphincter ani and two fingers could be readily introduced. A large rectal bougie has since been used daily, the fistulas have healed, the general health improved, and evacuations of the rectum take place without pain and with comparative ease. No further contraction has since taken place.

TRANSLATIONS.

EXTIRPATION OF THE KIDNEY.

FROM THE GERMAN BY HERMAN MYNTER, M. D.

PROFESSOR CYERNY, of Heidelberg, says, in *Centralblatt fuer Chirurgie*, that although ten years have elapsed since the first extirpation of the kidney by the celebrated Simon, we must acknowledge that the last year has done much to secure the triumph of this serious operation. The methodical use of the antiseptic treatment in ovariectomy, the antiseptic ligature and the intraperitoneal treatment of the pedicle, first made it possible for Dr. Martin, Jr., to obtain new successes in cases of movable kidneys. These operations, therefore, mark a new era in nephrotomy, because the way has been chosen through the abdominal cavity for the extirpation of the kidney. The question is no longer as to the propriety of the extirpation of the kidney, but which way is preferable, the extraperitoneal from the lumbar region, or the intraperitoneal from the linea alba. As both ways have been successful, we must determine in which case we shall choose the one, and in which the other. Martin has lately extirpated a tumor of the kidney through laparotomy with success, while Zweitel extirpated a healthy kidney with success after Simon's method, on account of a fistula between the ureter and the uterus. Czerny has tried nephrotomy twice, once without success through laparotomy on account of a large carcinoma of the kidney, the other time from the lumbar region on account of pyonephrosis, and this was successful. The patient was a married woman, thirty-two years of age, who, for four years had experienced difficulty in urinating, until in April, 1879, an abscess formed below the right eleventh rib. The abscess was opened, and the secretion of matter was alternately more or less copious. The patient declared that, when the matter flowed freely from the fistula the urine was clear, while it became thick and purulent, and attended with great pain and fever, when for a

while the fistula did not secrete anything. We were able to convince ourselves of this fact at the clinic. I diagnosticated a pyonephrosis with perinephritic suppuration on the right side, secondary catarrh at the bladder, and healthy left kidney. I tried first by dilatation of the fistula to provide for a better discharge of the matter, but held out the prospect of extirpation of the kidney, if the organ was diffusely diseased. After having, on the 22d of May, 1879, dilated the fistula in layers in the direction of the eleventh rib, and toward the middle of the crest of the ilium, my finger entered a suppurating cavity, in which I found a soft lobular tumor, which felt like placental tissue. As there occurred a copious venous bleeding, I dilated in the direction mentioned, and resected subperiostally a piece of the eleventh rib. I obtained so much space by that, that I could see how the kidney, enlarged to three times its size, was surrounded by copious old coagulas of blood. These were removed, and the posterior and lower part of the kidney loosened. As there was not sufficient space upwards, I was obliged to remove a farther piece of the eleventh rib (in all nine centimeters). I now inserted my whole hand in the wound, and loosened the upper part of the kidney, by which proceeding a large amount of matter was discharged. The pedicle was ligated with silk ligatures and elastic ligatures, the rest of the kidney was cut off except a piece of the hilus, and the ligatures brought out through the wound. The wound was disinfected with a solution of chloride of zinc (5 per cent.) and plugged with thymol-gauze, and half of the incision (20 centimeters long) sewed together. Scarcely any fever occurred. On the 14th of June the necrotic pedicle and the ligatures came away. On the 16th of June the patient got up, but was not discharged until July 3d, as the wound closed very slowly. Sept. 14th, there was still a slight discharge from the wound, but the patient feels perfectly well, and is said to be pregnant. I have no doubt that both methods of nephrotomy, the extraperitoneal and the intraperitoneal, are justifiable. I farther believe that the extraperitoneal method, *ceteris paribus*, is

the less serious. If the kidney is not too much enlarged and fixed, the lumbar nephrotomy is preferable. For movable kidney on the other side laparotomy ought to be chosen. Whether laparotomy may also be of use in fixed tumors of the kidney, which are too large for the lumbar operation, will be learned by bold trials in such cases in the future. I believe I have enlarged the field for the lumbar operation by making the incision of Simon farther forward, at the anterior margin of the quadratus lumborum muscle, and by combining it with the partial resection of the eleventh rib. The whole hand may then be introduced with ease into the wound, and the loosening of the kidney and the ligature of the pedicle may be accomplished with greater facility. The resection of the rib is without danger, because the outer third of the eleventh rib has no connection with the pleural cavity.

SELECTIONS.

REMOVAL OF A LARGE FIBRO-SARCOMA OF THE UTERUS BY ABDOMINAL SECTION UNDER LIS- TER'S METHOD, WITH SUCCESSFUL RESULT.

BY L. C. LANE, M. D., PROF. OF SURGERY MEDICAL COLLEGE OF THE
PACIFIC.

IN the *Pacific Medical and Surgical Journal* for August, a case of this nature is reported by F. H. Dennis, M. D., of San Francisco.

The patient, the wife of the physician reporting the case, had reached the age of 35 ; the tumor was first noticed fifteen years previously—the patient then being 20 years of age, and having menstruated regularly about a year. She enjoyed perfect health until within a short time preceding the time of operation. The writer proceeds to say: “As her health was good, no thought of an operation was entertained by any one, but on the

contrary all opposed it, notwithstanding which, she anxiously wished to be relieved of the tumor on account of her enormous size and the menorrhagia. About the 15th of April her health began to fail. She commenced to fall away in flesh; her appetite, which had always been remarkably good, became impaired; cedema of the extremities was very extreme, owing to pressure on the femoral veins; altogether she failed very rapidly. The pressure was more on the left side, the larger portion of the tumor being on that side. Her left leg was simply enormous in size. For several days before the operation she could not walk across the room, and her pain was beyond endurance; gangrene of the leg would have been the inevitable result within a few days." The operation being decided upon, it was performed May 27th, as follows: "The usual preparations were made, such as giving an enema twelve hours before; no breakfast being allowed in the morning. Several gallons of previously boiled water were in readiness, with which to make the carbolyzed water. One, strength of five per cent. carbolic acid was prepared for the spray, and one of two and one-half per cent. for sponges, ligatures and instruments, and a furnace with heated irons in readiness to be used for cauterizing, if found necessary. The steam spray was made ready with its five per cent. solution, and other necessary preparations having been made, she was brought in and placed on the operating table. Dr. Lane assisted by Drs. J. H. Wythe, Burgess, Sims, Plummer, J. Regensburger, M. Regensburger, Perry, Jos. Haine and myself, commenced the operation. The anæsthetic having been administered, an incision commencing four inches above and to the left of the umbilicus in the linea alba, and extending nine inches down and terminating over the fundus of the bladder, was made under a full spray of carbolic acid solution. On dividing the peritonæum, the tumor a large nodulated, interstitial uterine fibro-sarcoma, came directly into view. The abdominal walls being held apart by broad-bladed retractors in the hands of an assistant, it was then lifted partly out of the cavity. There were found adhesions an-

teriorly to the fundus of the bladder, and great difficulty was had in detaching or dissecting it away, so closely was it adherent. To avoid puncturing the bladder, a curved catheter was introduced and kept in constant motion, moving it from side to side to act as a guide for the dissection. The tumor was also found adherent laterally and posteriorly, and there likewise was with difficulty detached, owing to the close proximity of the internal iliac artery and vein; the superficies of the attachment being equal to a space ten inches in length by six inches in breadth. The intestines with the omentum were carefully wrapped in Lister's carbolized gauze, and held to one side in order to avoid wounding them, the spray falling all the while in a steady "mist" into the abdominal cavity. A stout curved needle, armed with a strong carbolized double silk ligature, was made to transfix the uterus through the cervix about one inch above the os. Each half was then firmly tied, including the uterine artery and vein, after dividing the ovarian and branches of the uterine artery, in the broad and round ligaments, one-half of the main ligature gave way, and some little difficulty was had in arresting hemorrhage. It was finally, however, held in check with an ovariectomy clamp, until the ligature was again tied lower down. It was very fortunate that the accident occurred when it did, for had it happened after the wound was closed she might have bled to death before it could have been gotten at to tie.

After all the bleeding was arrested, the whole tumor, including the uterus, ovaries and fallopian tubes, was divided and removed *all together*. The end of each (half) ligature was then attached to a silver wire and brought down through the cervix and also into the vagina, thus establishing through the course of the ligature a *drainage*; all oozing having ceased, the cavity was thoroughly cleansed, the intestines with the omentum carefully replaced, a glass drainage tube (as a precaution) placed in the lower part of the abdominal wound, and the wound then brought evenly together and secured with long steel needles, the peri-

toneum included. The cutaneous surfaces were brought together and secured by interrupted silver wire sutures.

The tumor was found on examination to measure twenty-eight inches in circumference, twelve inches in length and ten inches in diameter, and weighed twenty pounds. She weighed a few weeks before the operation, one hundred and sixty-five pounds; six weeks after, one hundred and twenty-seven pounds. The cautery was not used, happily there being no necessity for it. The wound was then dressed according to Lister's antiseptic method, and the patient removed to bed. The operation lasted two hours and twenty minutes. Bottles of hot water were then applied to her feet, and on each side until she became warm. There was comparatively little shock, the loss of blood being very small in amount. On her removal to bed she was given brandy until she had thoroughly reacted, after which one-fourth grain morphia was given by hypodermic injection.

About one o'clock at night she commenced to vomit, and continued to do so for twenty-four hours almost incessantly. Everything taken she would throw up instantly, at each time vomiting almost *pure bile*. This bilious vomiting I noted as a very unfavorable symptom. Different remedies were tried, such as lime water and milk, hydrarg. sub. mur. in one-half grain doses every half hour, oxalate of cerium, etc., all without any effect; I finally concluded to give *nothing at all* by the mouth, resorting to ice-cold applications to the face, head and chest, also a spray of cologne which was very refreshing, her fever at the time running pretty high. In this manner I succeeded in checking the vomiting, afterwards having no further trouble.

On the morning of the 28th of May the dressings were removed by Dr. M. Regensburger, who had charge of the Lister arrangements. The wound looked well, a slight serous discharge flowing from the drainage tube. The discharge from the uterine wound was greater, and of a sanquino-serous character. There was very little tympanites, and her condition was good. Beef tea and champagne (iced) were given during the following

forty-five hours. The abdominal wound was dressed every twenty-four hours, under full spray of carbolic acid (five per cent. solution). The wound was by this time suppurating very freely. The vaginal wound also discharged freely a thick, dark colored and highly offensive pus. This was injected every three hours with two and one-half per cent. solution carbolic acid. No symptoms of peritonitis occurred. Pulse 120, temperature 102° Fahr.

On the morning of the fourth day she asked to read the morning paper. I will not go into a detailed account of every day's treatment, the symptoms, pulse, temperature, etc., according to my notes, as it will consume unnecessary time and space. Suffice it to say, at no time did her temperature go beyond 103°, or her pulse higher than 130. I may remark here, that for several weeks before the operation (after she began to break down) her pulse ranged as high as 130, and respiration was very much embarrassed. I regret that I did not take her temperature or note her respirations exactly. The average temperature after the operation was about 101½°, pulse 120. Her diet was light and nutritious. About the fifteenth of June her condition was so good that I neglected to take any further notes of the case, she having only the usual amount of traumatic and suppurative fever. What is very remarkable, she has not suffered any pain from either of her wounds since the operation, whereas, before, her suffering was excruciating, it being necessary to keep her under the influence of morphia all the time for several days before the operation.

I omitted to say the drainage tube, together with the sutures, were removed on the fourth of June. There was no discharge through the tube at all, the drainage being through the vaginal ligatures, or rather the uterine ligatures, the suppuration being very free through this wound. Injections of two and one-half per cent. solution carbolic acid were used three times a day. Tonics of dialyzed iron, calisaya bark elixir, malt extracts, etc., were given three times a day.

July 1. Out of bed, walking about the room *convalescent*; abdominal wound entirely healed; uterine wound still discharging, though not copiously.

July 7. The right half of ligature (uterine) becoming loose, was removed by Dr. Lane; the left still remaining.

July 20. She is now *entirely well*.

* * * Note. The five per cent. solution used in the spray was really about two and one-half per cent., as in mixing with the hot steam from the atomizer it was diluted to that degree of strength.

ATROPIA IN TRAUMATIC TETANUS.

SURGEON D. H. CULLIMORE, F. R. C. S. L., &c., in the *London Lancet* for December, gives the following deductions from a case of Traumatic Tetanus under his observations at Rangoon, Burmah, in April, 1875, which yielded to the subcutaneous administration of atropia in $\frac{1}{40}$ to $\frac{1}{60}$ grain doses, every 5 to 8 hours.

1. That tetanus, which is a series of reflex phenomena, depending upon an over-excited or congested state of the brain, the spinal cord and their membranes, is capable of being relieved or even cured by atropia, when administered in comparatively small doses, extended over a certain period of time, according to the severity of the symptoms, though we know from the experience and experiments of Drs. Harley, Frazer and others, that when given to its full physiological effect, it produces excitement and congestion of the cord, followed by the usual reflex results, as jactitation, muscular spasm and convulsive fits.

2. That the administration of the medicine was not followed by any of the easily recognizable symptoms of the drug (two grains of which has caused the death of a healthy adult when given in one dose) proving both the tolerance induced by the disease, and, perhaps, also illustrating the homœopathic theory or formula *sine* the infinitesimal system of dosage.

3. That amputation of the injured part, recommended so strongly by Larrey and others, even after the supervention of tetanus, though it may perhaps help to lessen the severity of the disease, does not act as a prophylactic, and should, I think, never be had recourse to after the symptoms have declared themselves. It would be then injurious, for the peripheral irritation would have become central and independently dynamic. For the same reason the division of nerves should not be resorted to. In two cases where I examined the nerves after death, I failed to perceive that they differed in any way from those of the opposite side. In one of these there was slight congestion of the membranes and a softening of the cord in the lumbar region, and in the other, a peculiar cloudiness of the cord, which may, however, have been due to post mortem changes. Yet it is certain that there is some lesion, though in every case, we may not be able to perceive it. This lesion should be looked for in that portion of the spinal cord with which the nerves from the affected part first communicate.

4. If the line of treatment adopted in this case should be found beneficial in others of the same disease, I would suggest that it might be extended, with such modifications as may be necessary to the treatment of allied diseases, as epilepsy, puerperal convulsions, and hydrophobia.

OSTEO-MYELITIS OF THE LONG BONES.

DR. N. SENN, of Milwaukee, in an able article on spontaneous osteo-myelitis, published in the January number of the *Chicago Medical Journal and Examiner*, reaches the following conclusions:

1. Spontaneous osteo-myelitis is an infectious disease.
2. It is most prevalent in damp, changeable climates, and during the winter and spring months.
3. It affects with preference individuals during the period of growth and development of bone.

4. Traumatism and other agencies which produce a retardation or arrest of circulation in the vessels of the marrow act only as determining causes.

5. The primary seat is usually in the marrow of the cancellated tissue, in close proximity to the epiphysary cartilage.

6. Joint affections are frequent and prominent complications of this disease.

7. Thrombosis and inflammation of the veins of the marrow, bone, periosteum and soft parts are of frequent occurrence, and are the direct cause of pyæmia.

8. Swelling is absent for the first few days, and when it does occur, it becomes rapidly diffuse, and is attended by œdema and enlargement of the superficial veins.

9. Fluctuation is diffuse as soon as its existence can be ascertained.

10. A constant high temperature and typhoid symptoms indicate the gravest type of the disease.

11. Death may result from the intensity of the primary infection, but is usually produced by some complication.

12. Early removal of the products of inflammation under strictest antiseptic precautions, and local disinfection of the tissues are of paramount importance for its successful treatment.

13. Epiphyseolysis may become completely repaired.

14. Excision of shaft may become necessary, during the acute stage, to prevent exhaustion, from profuse suppuration; this rule is not applicable if the humerus or femur is affected, on account of the impossibility of keeping the limb in position until regeneration of the bone has taken place.

15. In most cases, fixation of the limb is necessary for the purpose of procuring rest and to prevent deformity.

THE SETON IN CHRONIC PATELLAR BURSTITIS.

In the *London Lancet* for December, Dr. Austin recommends the following as a certain method for the cure of chronic housemaid's knee: The seton, composed of a double silk thread,

moistened in weak carbolic acid, is conveniently passed through the same canula which draws off the fluid, and in certain circumstances, when the avoidance of pain is urgently required, the ether spray will be found a great boon. Too small a trocar is not to be selected, or the apertures will be apt to close up and obstruct the discharges. To have to enlarge them afterwards would be exceedingly disagreeable. A pad of lint, moistened also with carbolic oil, covered with gutta-percha tissue, and the whole covered by a few turns of a bandage, is both agreeable to the patient, and helps to maintain the patency of the apertures. The seton should be drawn every morning, in order to present a fresh portion of it each time to the suppurating interior, and the pus encouraged to ooze out by frequent and gentle pressure of the fingers. In five or six days, the seton may be withdrawn, and after five or six days more of rest, the patient may be allowed to walk about. Should any congestion or weakness be left behind, it is effectually removed by the local use of the cold douche. Iodine, blistering, pressure, and even simple cupping, are very uncertain remedies.

IODIDE OF STARCH.

As a general antidote in poisoning, Dr. Bellini, in a paper read before the Medical Society of Florence, recommends the iodide of starch as an antidote to poison generally. It is free from any disagreeable taste, and has not the irritating properties of iodine, so that it can be administered in large doses.

He has made numerous experiments, and states as a result of these, that at the temperature of the stomach and in the presence of the gastric juice the iodide combines with many of the poisons, forming in some cases insoluble compounds, in others soluble compounds, which are harmless, so long as they are not in too large quantities. He recommends it as safe in all cases where the nature of the poison is unknown, and as especially efficient in cases of poisoning by the alkaloids and alkaline sulphides, by caustic alkalies, by ammonia and especially by those

alkaloids with which iodide forms insoluble compounds. In cases of poisoning by salts of lead and mercury, it aids the elimination of these compounds. In cases of acute poisoning, an emetic should be employed soon after the administration.

HOW TO GARGLE THE NASO-PHARYNX.

WHEN the gargle is designed to reach the naso-pharynx, Dr. Löwenburg recommends the following method :

The patient inclines the head horizontally backward, and performs movements which we may call "quasi-deglutition," not including the last portion of this physiological action, definite swallowing. The liquid is passed much higher behind the soft palate than the ordinary method of gargling will permit ; some persons succeed so well in this manœuvre that they are able to reject by the nose the liquid which has been received by the mouth. Moreover, these rapid muscular contractions completely detach the abnormal secretions, which can then be easily expelled, and the greatest possible relief is thus given to the patient.

SOCIETY REPORTS.

BUFFALO MEDICAL ASSOCIATION.

Stated Meeting, January 6, 1879.

THE PRESIDENT, DR. LUCIEN HOWE, IN THE CHAIR.

MEMBERS present, Drs. Fowler, Wyckoff, Cronyn, Gould, Mynter, Moody, Gay, Trowbridge, Keene, Bartlett and Hartwig.

Dr. C. C. F. Gay read an interesting paper on "Refracture for the Correction of Deformity." The reasons for the procedure were given in detail, the method described, and cases cited in which its employment had proved beneficial.

In the discussion which followed, Dr. Mynter spoke favorably of refracture, though he differed with Dr. Gay as to the universality of its application.

Dr. Cronyn thought it would be much better if injuries were so treated in the first place, as to result in slight deformity. He feared that serious harm might often result to contiguous vessels and nerves by the act of refracture, and thought that if any operative interference was to be employed, it should be an osteotomy with Lister's antiseptic precautions.

Dr. Bartlett objected to refracture, because in the majority of cases it was necessary to keep the patient in bed afterwards, and this prolonged confinement, he thought, was sometimes permanently detrimental.

Dr. Hartwig considered osteotomy preferable to refracture, especially if the antiseptic method was used.

Dr. Gay, in reply to these objections said, that according to his experience refracture was not attended by danger to the limb, nor by pain and injury to the health of the patient; indeed, so little contusion was produced, and it was followed by such slight pain or inflammatory symptoms of any kind, that for this reason especially, did he prefer it to any other method.

Among the prevailing diseases, scarlatina and rubeola were reported as particularly frequent, and cases were mentioned by Drs. Cronyn and Bartlett, to show that the two diseases could exist simultaneously in the same patient.

ANNUAL MEETING OF THE MEDICAL SOCIETY OF THE COUNTY OF ERIE.

Stated Meeting, January 13, 1880.

THE PRESIDENT, DR. SYLVESTER F. MIXER, IN THE CHAIR.

Present—Dr. S. F. Mixer, President; Dr. D. W. Harrington, Secretary; and Doctors White, Rochester, Miner, Boardman, John Cronyn, Gay, Thomas Lothrop, L. P. Dayton, B. L. Lothrop, O'Brien, Abbott, Howe, Phelps, Mynter, Slacer, Samo, Nichell, Keene, McPherson, Elwood, Hoyer, Earl, Folwell,

Dorland, Moody, Brecht, Sloan, Banta, Davidson, E. E. Storck, Campbell, Dambach, Dagenais, King, Briggs, Lynde, Hauenstein, Daggett, Barker, Bailey, Lapp, Nott, Hopkins, Diehl, Hartwig, Haberstro, Packwood, Sonnick, Schade, Bartlett, Kamerling, Brooks, Wyckoff, Macniel, Wetzell, Hill, Thurber, Jansen.

Drs. C. A. Wall, Jos. W. Keene, M. Hartwig, L. L. Banta, and Dr. Bideman were elected members.

Drs. W. W. Turner and Julius Krug were proposed for membership and referred to Committee on Membership.

The Special Committee, of which Dr. J. F. Miner is chairman, appointed to confer with The Charity Organization Society, presented their report.

The librarian report was referred to a committee, composed of Drs. Howe, Folwell and Thos. Lothrop.

Prof. White submitted the following preambles and resolution and moved that copies of the same be sent to the members of the Legislature from this District:

Whereas, The Erie County Medical Society fully recognize that medical science is in a great measure indebted to experimental physiology for its existence and development; and

Whereas, It apprehends that certain articles recently published in some of the metropolitan journals, foreshadow injudicious action on the part of certain so called philanthropists, which, if successful, will, in the opinion of this Society, prove highly detrimental to the progress of medicine as a science and its advance as an art; therefore,

Resolved, That our delegates to the State Society be and they are hereby instructed to vigilantly guard against and to vigorously oppose the adoption by the Legislature of any measures which may tend to limit or rescind the privileges of employing living animals for experimental purposes, which privilege is now granted to those engaged in physiological investigations.

The report and the motion were adopted.

Prof. White moved the adoption of the following preambles and resolutions and also that a copy of the same, signed by the

officers of the Society, be sent to Governor Cornell through Prof. Miner:

Whereas, The Health Officer of the Port of New York is soon to be named by Governor Cornell; and

Whereas, The important office is for the entire State, and therefore his selection should not be confined to any section or locality; and

Whereas, The selection for this important position has for many years been made exclusively from the eastern portion of the State; therefore, be it

Resolved, That in the opinion of this Society this appointment is now due, and therefore should be awarded to the western portion of the State.

Resolved, That this Society, representing the medical profession of the County of Erie and city of Buffalo, heartily commend to His Excellency Governor Cornell for nomination to this important office, Prof. Julius F. Miner, M. D.

Resolved, That Prof. Miner having been all his life a steadfast Republican, having achieved success as a general practitioner, as a teacher of surgery, and as an editor, and being well known throughout the State as a distinguished member of the profession, we believe him eminently well qualified for the discharge of the duties devolving upon the Health Officer and earnestly request his appointment.

Resolved, That we solicit this appointment in the conviction that it will be acceptable to the great body of the medical profession and eminently satisfactory to all interested in the commerce of the port of New York.

The preambles and resolutions, and the motion relating to them, were unanimously adopted.

The following officers were elected for the ensuing year:

President, Dr. F. F. Hoyer; Vice-President, Dr. John Hauenstein; Secretary, Dr. D. W. Harrington; Librarian, Dr. J. B. Samo; Treasurer, Dr. W. C. Phelps; Board of Censors, Drs. Nichell, Hoyer, J. C. Green, Sloan and Briggs.

On motion of Dr. Howe the President and Secretary were authorized to fill vacancies, should they occur among the delegates to the meeting of the State Society.

The retiring President read his address on "Sanitary Science," which was an able discussion of this important subject in its reference to sanitary matters in Buffalo, and the agencies to which they are entrusted.

The meeting then adjourned.

EDITORIAL.

MEDICAL JOURNALISM.

IN the days of the poet Juvenal there were men afflicted with a malady which he called *insanabile scribendi cacoethes*, and this scribbling cachexia—if it may be so translated—might appear to be prevalent in modern times among the members of our profession.

The first number of the *Index Medicus* contained a list of seven hundred and sixty-seven periodicals, relating to medicine or its collateral sciences. But all of these, whether modest or pretentious, may, in general, be divided into two classes—those for recording original observation, and those for retailing it to the professional at large. These two forms are often included in the same publication, but they are none the less entirely distinct. In Tyndall's lectures on "Light," he says:

"Three classes of workers are necessary; firstly, the investigator of natural truth, whose vocation it is to pursue that truth, and extend the field of discovery for the truth's own sake and without reference to practical ends; secondly, the teacher of natural truth, whose vocation it is to give public diffusion to the knowledge already won by the discoverer; thirdly, the applier of natural truth, whose vocation it is to make scientific knowledge available for the needs, comforts and luxuries of civilized life."

The same division of scientific labor exists to a certain extent in medicine. Men occupied in investigation alone, are comparatively few, and the elaborate details of method and reasonings often lie buried in ponderous volumes of "society transactions," "archives" and "annals." These are written principally for specialists, and in general are read by them alone. For example, there are twenty-seven periodicals devoted exclusively to anatomy and physiology, nineteen to obstetrics,

five to gynecology, eighteen to ophthalmology, forty-nine to "state medicine," sanitary and legal to a proportionate number to other branches.

The papers contributed to these form the cream of medical literature, and yet the busy physician seldom sees them. What he demands, is a convenient digest of the most practical points, and he finds it in our typical American Medical Journal. Thus it serves as the medium of communication between what Tyn-dall calls the "investigator" and the "applier" of natural truth.

A limited proportion of original communications are often acceptable, as are translations or clinical notes, but the selections, if good, are usually read first. As a whole, however, a journal is simply the medium, through which the medical thought of the vicinity finds expression.

Unless the professional standard of the locality is high—unless there be physicians acute in observing, careful in recording, and with sufficient zeal to express their opinions formally, a publication of this sort must inevitably languish and die.

It would, indeed, be a remarkable corps of editors who would, at stated periods, evolve from their own consciousness such mental pabulum, as would be invariably acceptable to a large class of readers. The few subjects, in which the individual writers might be interested, would necessarily be thrust upon the subscribers in repeated doses—*ad nauseam*—and simply result in establishing the egotism of the editor of that department.

The managers of this publication therefore cordially invite contributions of original articles, reports of cases, or other matter of interest to physicians; hoping thus, to add to its value professionally, to its interest locally, and trusting that the same elevated standard may be maintained, which, in former years has been reached by the BUFFALO MEDICAL AND SURGICAL JOURNAL.

THE METRIC SYSTEM.

At the last meeting of The Buffalo Medical Club, a committee, appointed at a previous meeting to investigate and report upon the advisability of the members of the Club adopting Metric weights and measures in the writing of prescriptions, reported favorably. After a thorough discussion, the members of the Club pledged themselves to the exclusive use of the Metric System, for at least one month subsequent to the 1st of February. The decision of the club, as to its permanent adoption, will depend upon the practical experience thus obtained.

The important advantage of a simple relation between the units of weight and the units of measure, and the recognized advantages of a decimal system, which has caused its adoption by all scientific men, and by the profession in Europe, will sooner or later necessitate its general use the world over. We are glad to see the Medical Club—an association of the younger physicians of this city—taking the lead in this matter.

THE HEALTH OFFICER OF NEW YORK.

In the proceedings of the Erie County Medical Society, published elsewhere, will be found appropriate action, endorsing the name of Prof. Julius F. Miner, of this city, for the important position of Health Officer of the Port of New York. The unanimity with which the profession joins in urging the appointment of our late editorial confrere, and the universal favor with which the announcement of his candidacy is received, should impart an impetus to the movement thus inaugurated, which we hope will result in the recognition both of the claims of the distinguished individual, whose name is thus prominently brought forward, and of the section of the State of which he is the honored representative.

We but echo the sentiment of the entire profession, in stating that Prof. Miner's eminent fitness for the position, not only as to

professional attainments, enlarged experience, but also, as to administrative ability, will reflect great credit upon the wise judgment of Gov. Cornell, should he bestow this position now at his disposal, upon one so peculiarly adapted to perform its responsible duties.

VIVISECTION.

At the last meeting of the Erie County Medical Society, resolutions were presented by Dr. James P. White, and unanimously adopted, opposing measures, which have been brought forward in the Legislature, tending to limit the privilege now enjoyed of employing living animals for experimental purposes.

The subject referred to in these resolutions is one of no small importance to the profession and to the public. We only regret that in this issue we can not review the many benefits arising from vivisection, and contrast them with the narrow-minded quixotic spirit which actuates the bill now pending in the Legislature.

The great advantage of experimental study are so apparent to all intelligent physicians, that for them the claims of vivisection need no advocate. But it behooves them, as it does the medical press of the State, to exert all the influence that can be brought to bear, to defeat the passage of a bill which would be so prejudicial to the advancement of medical science, and therefore so detrimental to the public.

REVIEWS.

The Theory and Practice of Medicine. By FREDERICK T. ROBERTS, M. D., B. Sc., F. R. C. P. With Illustrations. Third American from the fourth London edition. Philadelphia: Lindsay & Blakiston. 1880.

The author of this very valuable contribution to the principles and practice of medicine has "endeavored to bring the information which it contains as nearly as possible up to the present

date." While the numerous standard authorities, such as Aitkin, Watson, Bristowe, Flint and others, compassing almost the same field of medicine, would seem to leave but meagre encouragement for further effort, yet the fact that the present work has already passed to the fourth London edition and the third American edition shows how^{ably} our author has performed the task, and how thoroughly his work is appreciated by the profession. A critical examination of the work unfolds the reasons for its growing popularity among students and practitioners, for whom it is written. Its conciseness is especially noticable, and yet the effort to condense is not made at the expense of clearness of description.

On all the subjects which have excited discussion of late in the profession, the author does not hesitate to express the most advanced and enlightened opinions. For instance, in diphtheritic croup, he asserts that "the only possible hope lies in the performance of tracheotomy or laryngotomy," an operation which is growing in favor, on account of the terrible mortality attending this complication of pharyngeal diphtheritis. So also in obstruction of the bowels from strictures, strangulation, intussusception, the operation for opening the abdomen with a view of removing the cause, he thinks is decidedly permissible, if the case is otherwise hopeless. Indeed, we grow in interest as we read and examine the soundness of Dr. Roberts, not only in the theory he enunciates, but also in the practice based upon the principles he aims to establish.

The work is a most valuable one, and our readers should secure it for study and reference.

L.

A Biographical Dictionary of Contemporary American Physicians and Surgeons. Edited by WILLIAM B. ATKINSON, M. D., permanent Secretary of the American Medical Association. Second Edition, enlarged and revised. Philadelphia: D. G. Binton, 1880.

The publisher in his notice, states that the work is intended to include *all* who have visibly and publicly contributed "to the

advancement of medical science, in the United States, during the present generation," rather a broad scope for a modest volume of 750 pages.

It is to be supposed that great care and discrimination have been exercised, not only in choosing from among the many honored names which adorn the annals of the American profession, but in furnishing correct data as to professional attainments, etc. In looking over the list of physicians in this locality, whose labors and skill "have visibly and publicly contributed," to the purpose above indicated, we find that twelve have been thus saved from oblivion, through the extreme consideration of Dr. Atkinson, while others, of which our city may well be proud, are allowed to go down to the grave "unnoticed and unhonored."

We may well conclude that such a work as the publisher here presents to the profession, if executed upon the plan stated in the preface, is not only premature, but fails to give a correct exhibit of medical men, whose abilities and attainments command for them the leading positions in their respective localities. We doubt, therefore, whether it fulfills any good purpose, except to flatter the vanity of the "fortunate few." L.

Atlas of Human Anatomy. Containing 180 large plates, arranged according to Drs. Oesterreicher and Erdl from their original designs, and those of the greatest anatomists of modern times. With full and explanatory text by J. A. JEANCON, M. D. Cincinnati, Ohio: A. E. Wilde & Co.

We have received a sample copy of this work, and are very favorably impressed with it. It possesses one advantage, viz: that all the plates are of life-size. The study of anatomy is very much facilitated by works of this character. Without good drawings and plenty of dissecting material, it is impossible to study anatomy with any benefit, and as the material is scarce in our colleges, the importance of good drawings cannot be over-estimated. The plates are clear, truthful and correct, and we recommend them heartily to students, old and young. M.

Diseases of Women. By LAWSON TAIT, F. R. C. S. Second edition, thoroughly revised and enlarged. Specially prepared for "Wood's Library," New York. Wm. Wood & Co., 1879.

The author's object in this book, is stated to be, to offer in a condensed form the results of his own experience, which is known to be very extensive, in the department of gynecology. The publishers have conferred a favor upon the American profession in placing so valuable a work within their reach.

The author's effort to be brief, robs many chapters of the clearness which is found in the larger treatises, such as Emmett and Barnes. Nevertheless, a vast amount of practical knowledge upon a most important class of diseases, is furnished in this modest little volume, valuable to the experienced gynecologist, in the practical hints it furnishes on many difficult subjects, and also to the younger practitioners, in giving a safe guide, on account of its marked conservatism, in the treatment of this class of diseases. The chapter on the ovaries, the most extensive in this work, will especially repay a careful perusal and study. The book maintains the high reputation of this series. L.

Photographic Illustrations of Skin Diseases. By GEORGE HENRY FOX, M. D., Professor of Dermatology, in Starling Medical College. New York: E. B. Treat, 805 Broadway.

The second, third and fourth parts of this excellent work have reached us. The second part contains four plates, Keloid, Rosacea, Psoriasis nummulata and Ichthyosis simplex. The third part contains five plates, Fibroma pendulum, Varicella, Zoster pectoralis and lumbalis, Eczema universale. The fourth part contains Leucoderma, Chromophytosis, Favus capitis and corporis, and Eczema cruris. The plates are all as life-like and truthful as possible. We consider them superior to anything yet published, and cannot be surpassed. M.

American Cyclopædia of Domestic Medicine and Household Surgery.

By SAMUEL PAYNE FORD, M. D. Chicago : E. P. Kingsley & Co. J. Huggill, Cincinnati. W. A. Edwards, St. Louis. 1879.

This is a large work of over twelve hundred pages. With a view to ready reference, the contents are arranged alphabetically. Unlike nearly all books with similar titles and purposes, it has not the slightest tinge of quackery ; on the contrary, its author is a regular graduate of the Medical College of this city, as well as of the University of Toronto, Ontario, while the teachings and advice are sensible and sound throughout. All forms of popular superstition and quackery are discountenanced, and it has evidently been the author's aim to enlighten the ignorance of all classes. For this reason, we consider the introduction of this work opportune, and believe it the duty of physicians generally to recommend it to families in their care.

V. P.

Paracentesis of the Pericardium. A Consideration of the Surgical Treatment of Pericardial Effusions. By JOHN B. ROBERTS, M. D., Lecturer of Anatomy in the Philadelphia School of Anatomy Philadelphia : J. B. Lippincott & Co.

The author has, with great diligence and care, gathered from journals and text-books 60 cases, in which this operation has been performed ; 24 recovered and 36 died, the mortality being 60 per cent ; since 1860 the operation has been performed 35 times, with 10 recoveries, the mortality for that period being 71.42 per cent, but the author calls attention to the fact, that there were serious and fatal complications in many cases. By excluding these cases, he finds, in 13 uncomplicated cases of pericardial effusion, that the result was ten recoveries and three deaths, the mortality being 23 per cent, a very favorable result, indeed. The author treats in different chapters of the etiology, symptoms, diagnosis, prognosis and treatment. The work is a well written and interesting little monograph.

M.

Memorial Oration in Honor of Ephraim McDowell, "The Father of Ovariectomy." By SAMUEL D. GROSS, M. D.

There is something quite touching in this tribute of respect from one of the ablest to one of the oldest surgeons of this country. Not only are the claims of priority in ovariectomy fairly discussed, but a historical sketch of the operation is given, showing how much America has contributed to our knowledge in this department.

A well executed engraving of Dr. McDowell serves as the frontispiece, while the arrangement and typographical dress of the book reflect considerable credit upon the publishers. H.

A System of Midwifery. By WILLIAM LEISHMAN, M. D., Regius Professor of Midwifery, in the University, of Glasgow. Third American edition, revised by the author, with additions by John S. Parry, M. D. Philadelphia: Henry C. Lea. 1879.

The former editions of this work are well known in this country, and are universally praised. The death of Dr. John S. Parry, has thrown the work of American editor into other hands. Dr. Parry's former additions have been retained, and in the words of the author, in the present edition, "such alterations have been made, as the progress of obstetrical science seems to require."

The present edition is a work of something over seven hundred pages, and contains two hundred and five illustrations.

We can heartily recommend it as alike valuable to students and practitioners.

V. P.

BOOKS AND PAMPHLETS RECEIVED.

The Physician's Hand-Book for 1880. By WILLIAM ELMER, M. D., and ALBERT D. ELMER, M. D., New York. W. A. Townsend, Publisher, 1880.

A Treatise on the Science and Practice of Midwifery. By W. S. PLAYFAIR, M. D., F. R. C. P. Professor of Obstetric Medicine, in King's College. Third American edition, with notes and additions, by ROBERT P. HARRIS, M. D. Philadelphia: Henry C. Lea. 1880

NEW REMEDIES.

LIQUOR ERGOTÆ PURIFICATUS.

Physicians have long felt the want of a reliable preparation of ergot, which should be free from the serious drawbacks so largely met with in the preparations offered under the guise of extracts, ergotines and fluid extracts.

Many of these preparations contain deleterious ingredients, which exert a disturbing and dangerous influence in the frequently grave emergencies where ergot is resorted to. Others, again, have features objectionable in either requiring some previous preparation to fit them for administration, or are not possessed of needed keeping qualities, tending to deterioration in time, or to become unsightly on standing. Inferior material and defective methods are largely responsible for this misrepresentation of a really excellent drug.

Our desire has been to supply the want referred to, and to that end we have undertaken a series of experiments, to decide upon a method of extraction, which should be selective in its character, so that all the desirable properties of the drug should be represented in our preparation, to the exclusion of those which produce dangerous and unwished-for results.

Chemical analysis and physiological experimentation have been laid under contribution to bring about this result, so that we could offer a tried remedy, with the consciousness of having exerted our best efforts towards lightening the labors of the physician, and placing in his hands a worthy weapon in combating disease.

The preparation which we submit under the above title is characterized by uniformity of ingredients, constancy of strength, and freedom from those properties which are exerted solely in disturbing the healthy functions, without a corresponding beneficial result.

It will be found a faithful representative of all the desirable properties of ergot, which tend to accelerate labor and assist nature's protracted efforts, while it is superior in its application to other uses of this drug.

Our method of preparation in its general features consists, first, in determining the value and constituents of the very best obtainable fresh ergot, selected from a large number of samples.

Having once ascertained the maximum value, and adopted this as a standard, each succeeding parcel of our "Liquor Ergotæ Purificatus" is made to conform to this strength, so that the active principles of sixteen Troy ounces of such standard ergot would be represented by sixteen fluid ounces of our finished preparation.

The constituents of ergot represented in this preparation are: ecbinin, ergotin, scleromucin, sclerotic and ergotic acids, with others of minor value, such as sclererythrin (the red coloring matter), etc.

We have rejected those principles which long experience has demonstrated to provoke undesirable action, such as resin and fixed oil, alcoholic extractive, with cholesterolin and ergotinina, to the latter of which has been assigned, with good cause, an unenviable reputation as a disturbing and even poisonous agent.

We desire to lay particular stress on the value of this liquid for administration hypodermically. As this method of medication can be depended on to produce much speedier results than by the mouth, it is a desideratum which has been borne in view to furnish in this an ever ready, concentrated and non-irritant preparation.

We would urge physicians to give it a trial, take advantage of the improvements which scientific methods have placed at their disposal, and avoid the disappointment inevitably resulting from the employment of unskillfully prepared extracts of indeterminate strength.

When prescribing Ergot, specify **Parke, Davis & Co.'s "Liquor Ergotæ Purificatus."**

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<i>Tumor Set, containing 20 slides,</i>	-	-	-	-	\$15.00

Selections from these sets and miscellaneous slides \$7.50 per doz. single stained; \$10.00 per dozen double stained.

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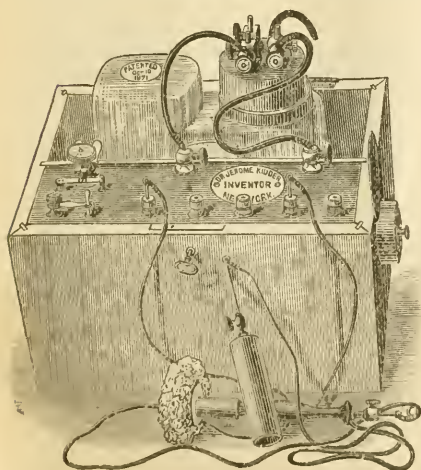
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S. WESLEY CHAMBERS, M. D., *Res. Phys., City Hospital.*

BALTIMORE, MD., Jan. 20th, 1879.

We take pleasure in saying in behalf of your preparations of Maltine, that they have fully come up to the measure of your representations. They have given us the greatest satisfaction. We have used them extensively to the great benefit of our patients.

DAVID STREETT, M. D., *Res. Phys., Maternite Hospital.*

LOUISVILLE, KY., July 11th, 1879.

I am using Maltine with Pepsin and Pancreatine in my family, and am exceedingly pleased with its results. Professor Flint, of your city, whom I highly esteem, has been consulted about the case and knows the solicitude I have had about it. The above preparation in Sherry, after meals, has been productive of great benefit. I am using it in the City Marine Hospital, the Kentucky Infirmary for Women and Children, and in my private practice, and am much pleased with the results obtained.

T. P. SATTERWHITE, M. D.

JACKSON, MICH., October, 1878.

In its superiority to the Extract of Malt prepared from Barley alone, I consider Maltine to be all that is claimed for it, and prize it as a very valuable addition to the list of tonic and nutritive agents.

C. H. LEWIS, M. D.

ST. CHARLES, MINN., March 23d, 1879

In conditions of Anæmia, in convalescence from severe and protracted disease, especially in chronic cases where there is great general debility, and in the enfeebled conditions of aged persons, I have learned to rely on Maltine, nor in any instance have I been disappointed of good results, therein forming a marked contrast, so far as my experience goes, to preparations of Malt, which I had used previously and had abandoned the use of them when my attention was called to Maltine.

C. R. J. KELLAM, M. D.

36 WEYMOUTH ST., PORTLAND PLACE, LONDON,
May 30th, 1879.

I am ordering your Maltine very largely.

LEONOX BROWN, F. R. C. S., *Sen. Surg., Gentl. Throat and Ear Hosp. etc.*

75 LEVER ST., PICCADILLY, MANCHESTER,
January 16th, 1879.

I have used your Maltine pretty extensively since its introduction, and have found it exceedingly useful; particularly in cases where Cod Liver Oil has not agreed, have I found the Maltine with Beef and Iron most valuable.

J. SHEPHERD FLETCHER, M. D., M. R. C. S.

EDDE CROSS HOUSE, ROSS, March 8th, 1879.

I am very pleased to bear testimony to the great value of Maltine. I prescribe it extensively and with the best results, specially in anæmic conditions of the system with much stomach irritability, which it seems to allay very speedily.

J. W. NORMAN, M. D., M. R. C. S.

CHEMICAL REPORTS ON MALTINE.

By R. OGDEN DOREMUS, M. D., L.L.D.

PROFESSOR OF CHEMISTRY AND TOXICOLOGY, BELLEVUE HOSPITAL MEDICAL COLLEGE;
PROFESSOR OF CHEMISTRY AND PHYSICS, COLLEGE OF THE CITY OF NEW YORK.

NEW YORK, April 17th, 1879.

I have visited the works at Cresskill, on the Hudson, where MALTINE is prepared, and spent portions of two days in witnessing the chemical processes for making the same. I was particularly impressed with the thorough cleanliness observed, as well as with the completeness of the apparatus employed for accomplishing the desired result—from the first treatment of the grains, the concentration of the liquid product by evaporation *in vacuo*. The operation is effective in extracting the whole of the nutritive constituents of the grains of malted Barley, Wheat and Oats, with but a slight residue, and is the most complete method yet devised, with which I am acquainted, for accomplishing this object.

MALTINE is superior in therapeutic and nutritive value to any Extract of Malt made from Barley alone, or to any other preparation of any one variety of grain. From a chemical and medical standpoint, I cannot commend too highly to my professional brethren this unique and compact variety of vegetable diet and remedial agent, nutritive to every tissue of the body, from bone to brain.

Respectfully, R. OGDEN DOREMUS.

By PROF. JOHN ATTFIELD, F.C.S.

PROFESSOR OF PRACTICAL CHEMISTRY TO THE PHARMACEUTICAL SOCIETY OF GREAT BRITAIN;
AUTHOR OF A MANUAL OF GENERAL MEDICAL AND PHARMACEUTICAL CHEMISTRY.

LONDON, 17 BLOOMSBURY SQUARE, W. C.,
October 28th, 1878.

To Messrs. Reed & Carnrick:

GENTLEMEN—I have analyzed the extract of malted Wheat, malted Oats and malted Barley, which you term MALTINE. I have also prepared, myself, some extract from these three malted cereals, and have similarly analyzed it, and may state at once that it corresponds in every respect with the Maltine made by myself. As regards the various Malt Extracts in the market, I may remark that your MALTINE belongs to the non-alcoholic class, and is far richer, not only in the directly nutritive materials, but in the farina digesting Diastase. In comparison, your MALTINE is about ten times as valuable, as a flesh former; from five to ten times as valuable as a heat producer; and at least five times as valuable, as a starch digesting agent. It contains, unimpaired and in a highly concentrated form, the whole of the valuable materials which it is possible to extract from either malted Wheat, malted Oats or malted Barley.

Yours Faithfully,

JOHN ATTFIELD.

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MALTINE with Pepsin and Pancreatine.

MALTINE with Phosphates.

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BELLEVUE HOSPITAL MEDICAL COLLEGE,

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MEMBER OF THE AMERICAN MEDICAL COLLEGE ASSOCIATION.
SESSIONS OF 1879-'80.

THE COLLEGIATE YEAR in this Institution embraces a preliminary Autumnal Term, the Regular Winter Session, and a Spring Session.

THE PRELIMINARY AUTUMNAL TERM for 1879-1880 will open on Wednesday, September 17, 1879, and continue until the opening of the Regular Session. During this term, instruction, consisting of didactic lectures on special subjects and daily clinical lectures, will be given, as heretofore, by the entire Faculty, in the same number and order as during the Regular Session. Students expecting to attend the Regular Session are recommended to attend the Preliminary Term, but such attendance is not required.

THE REGULAR SESSION will commence on Wednesday, October 1, 1879, and end about the 1st of March, 1880. During this Session, in addition to four didactic lectures on every week-day except Saturday, two or three hours are daily allotted to clinical instruction.

The SPRING SESSION consists chiefly of recitations from Text-Books. This Session begins on the 1st of March and continues until the 1st of June. During this Session, daily recitations in all the departments are held by a corps of examiners appointed by the Faculty. Short courses of lectures are given on special subjects, and regular clinics are held in the Hospital and in the College building.

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Dissection Fee, (including material for dissection).....	10.00
Graduation Fee.....	30.00

FEES FOR THE SPRING SESSION.

Matriculation, (Ticket good for the following Winter).....	\$ 5.00
Recitations, Clinics, and Lectures.....	35.00
Dissection, (Ticket good for the following Winter).....	10.00

For the Annual Circular and Catalogue, giving regulations for graduation and other information, address Prof. AUSTIN FLINT, JR., Secretary, Bellevue Hospital Medical College.

University of Buffalo.

MEDICAL DEPARTMENT.

SESSION OF 1879-80.

The Annual Course of Lectures in this Institution commences on

WEDNESDAY, OCTOBER, (8th.)

and continues twenty weeks. The dissecting rooms will remain open during the term.

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C. A. DOREMUS, Ph. D., M. D., Professor of Chemistry and Toxicology.
CHARLES CARY, M. D., Professor of Anatomy, and Secretary.
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The Clinics in Surgery are held at both hospitals and at the surgical lecture room of the College, under direction of Professor J. F. Miner, where extensive opportunities for observation of surgical and venereal diseases, fractures and dislocations, are afforded, and in the amphitheatres of which are performed all important operations in general surgery, ophthalmology and orthopaedy. Medical and Surgical Clinics are held every Wednesday and Saturday during the term. During the month of October there will not only be Clinical instruction by the Professor of Clinical Surgery and Medicine, but also two lectures daily in the College building, by Professor White, Stoddard, Doremus, or others. An extension of the regular lecture course without additional fees.

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For further information or circular, address

CHARLES CARY, M. D.,

BUFFALO, February, 1879.

Secretary of the Faculty.